

# DRC INTEGRATED HIV/AIDS PROJECT (PROVIC)

## YEAR 1 WORK PLAN



**March 2010**

This publication was produced for review by the United States Agency for International Development. It was prepared by the PATH Consortium.

**Contract # GHH-I-00-07-00061-00, Order No. 03**

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## ACRONYMS

ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
COP	Chief of Party
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HCT	HIV Counseling and Testing
HMIS	Health management information systems
MARP	Most at-Risk Populations
MINAS	Ministère des Affaires Sociales, Action Humanitaire et de la Solidarité Nationale
MOH	Ministry of Health
MOPH	Ministry of Public Health
NGO	Nongovernmental organization
OVC	Orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living With HIV/AIDS
PMU	Project management unit
PMEP	Performance monitoring and evaluation plan
PMTCT	Prevention of Mother to Child Transmission
PNLS	Programme National de Lutte contre le SIDA
PNMLS	Programme Nationale Multi-sectorale de Lutte contre le SIDA
SAF	Strategic Activities Fund
SOW	Scope of work
STTA	Short-term technical assistance
TOT	Training of trainers
USG	United States government
WHO	World Health Organization

## SECTION 1

### Project Introduction

#### A. Project Overview and Approach

The integrated HIV/AIDS project's (Projet de VIH/SIDA Intégré au Congo- PROVIC) objective is to reduce incidence and prevalence of HIV and mitigate its impact on people living with HIV/AIDS (PLHIV) and their families. We will achieve this objective by: improving HIV/AIDS prevention, care and support services in the selected areas; increasing community involvement in health issues and services beyond facility-level services through sustainable community-based approaches; increasing the capacity of government and local civil-society partners — and thereby empowering new local organizations — to plan, manage, and deliver quality HIV/AIDS services. We will use these objectives as a strategic guideline for linking project activities to results.

Our approach is based on the following strategies:

*Building on success and leveraging resources:* The project will ensure continuity of services as we transition from the previous RESA+ project. Working with existing local partners from that project who are delivering critical HCT and care and support services, we will ensure continuity of services with minimum disruptions. We will build on the existing work that consortium members CRS and EGPAF are currently undertaking in country, by further refining their models and expanding their coverage. In addition, we will reach out to other partners also working in HIV/AIDS such as the Global Fund, PSI, AXxes, MSH, and others to leverage their resources and create more integrated services at the community level. We have already initiated a dialogue with critical partners through both one on one meetings and a day-long stakeholder consultation. Our staff will continue to reach out to partners at the provincial level so we can maximize coverage and enhance services through referrals and partnering. More on coordination and partnering is in Section 2-B.

*Integrated and community-based approach.* The project will use the Champion Communities model to engage with community groups in the four target areas. Using the champion community model as an entry point, the project will support communities to address all aspects of AIDS services from counseling and testing to prevention messaging to palliative care and OVC support. The approach will also allow communities to link to other services such as treatment or nutritional support provided by other partners. It will also support communities to integrate the needs of the most at risk populations (MARPs) into their strategies by incorporating them into the community goal-setting process.

*Capacity-building to facilitate Congolese leadership and expand partners.* The project will strengthen the capacity of government, civil society, and communities to deliver services and implement national strategies and protocols. Working with central and provincial PNLMS, PNLS, and MINAS to develop and disseminate norms and guidelines, the project will support them in their coordination and supervision role while also ensuring that our partners and services are in line with national guidelines. We will use our \$8.5-million Strategic Activities Fund to reach both existing successful local organizations and also as a mechanism to identify, strengthen, and fund new and promising organizations. Our grants process will include a capacity building element so that new organizations have the opportunity to develop successful proposals and implement programs.

*Evidence-based, data-driven, and need-based strategy.* Our project strategy will be informed by local and epidemiological needs, and use approaches and tools that have been ground-truthed and adapted to the context of the province where they are being used. Our project monitoring and

evaluation system will collect data on project outputs and trends and will also engage in evaluation of project approaches to determine their relative success and impact. We will design innovative approaches to collect data at the community level, and build the capacity of community, NGO, and government partners to collect, manage, and use data collected.

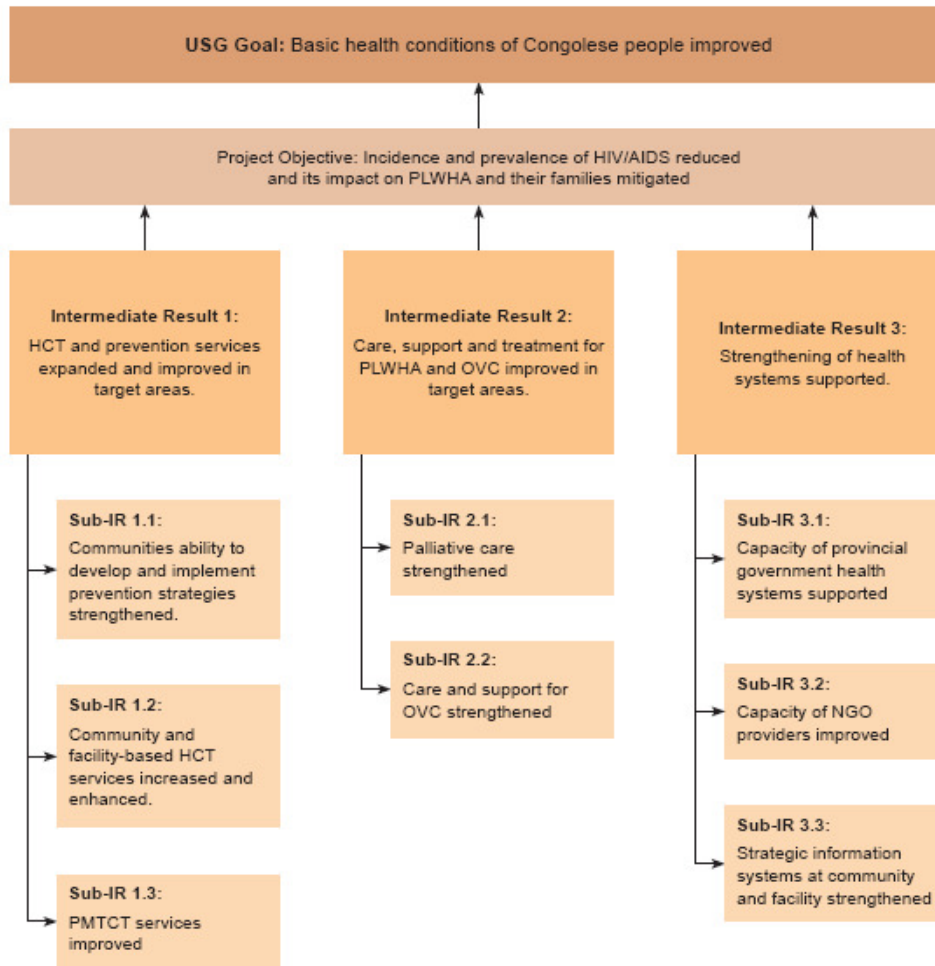
## **B. Project Results Framework**

We have organized the objectives of the project into the Project Results Framework which will serve as a planning, communication, and management tool. Our project objective is to reduce the incidence and prevalence of HIV/AIDS and mitigate its impact on PLHIV and their families. Based on the scope of work of the project and the objectives outlined by USAID, we have developed three intermediate project results that together will contribute to the attainment of the overall project objective. The project objective in turn feeds into the US government's overall strategic goal for improved basic health conditions for the Congolese people.

The Project Results Framework depicts the project's development hypothesis and the causal relationship between the sub-intermediate results, intermediate results, and project objective. It demonstrates how the project intends to reach its overall project objective through achievement of its three intermediate results. We believe that if HCT and prevention services are expanded and improved in target areas (Intermediate Result 1), Care, support and treatment for PLHIV and OVC are improved in target areas (Intermediate Result 2), and Strengthening of health systems are supported (Intermediate Result 3), together these results will generate the higher-level outcome, the Project Objective: Incidence and prevalence of HIV/AIDS reduced and its impact on PLHIV and their families mitigated. In order to achieve each of the three intermediate results we have developed sub-intermediate results. Our project activities are linked to the sub-intermediate results and have been designed to help the project achieve the project's expected higher-level results. Beyond providing an organizing structure for activities, the Results Framework serves as a link between the work plan and the Performance Monitoring and Evaluation Plan (PMEP). For each result and sub-result we will establish specific measures (indicators) and targets as well as a plan for how we will collect and analyze data and share information. The PMEP will accurately and directly measure the project's progress towards results.

Please find the Project Results Framework below:

**Results Framework**  
**Projet Integre du VIH/SIDA au RDC**



## **C. Project Organization**

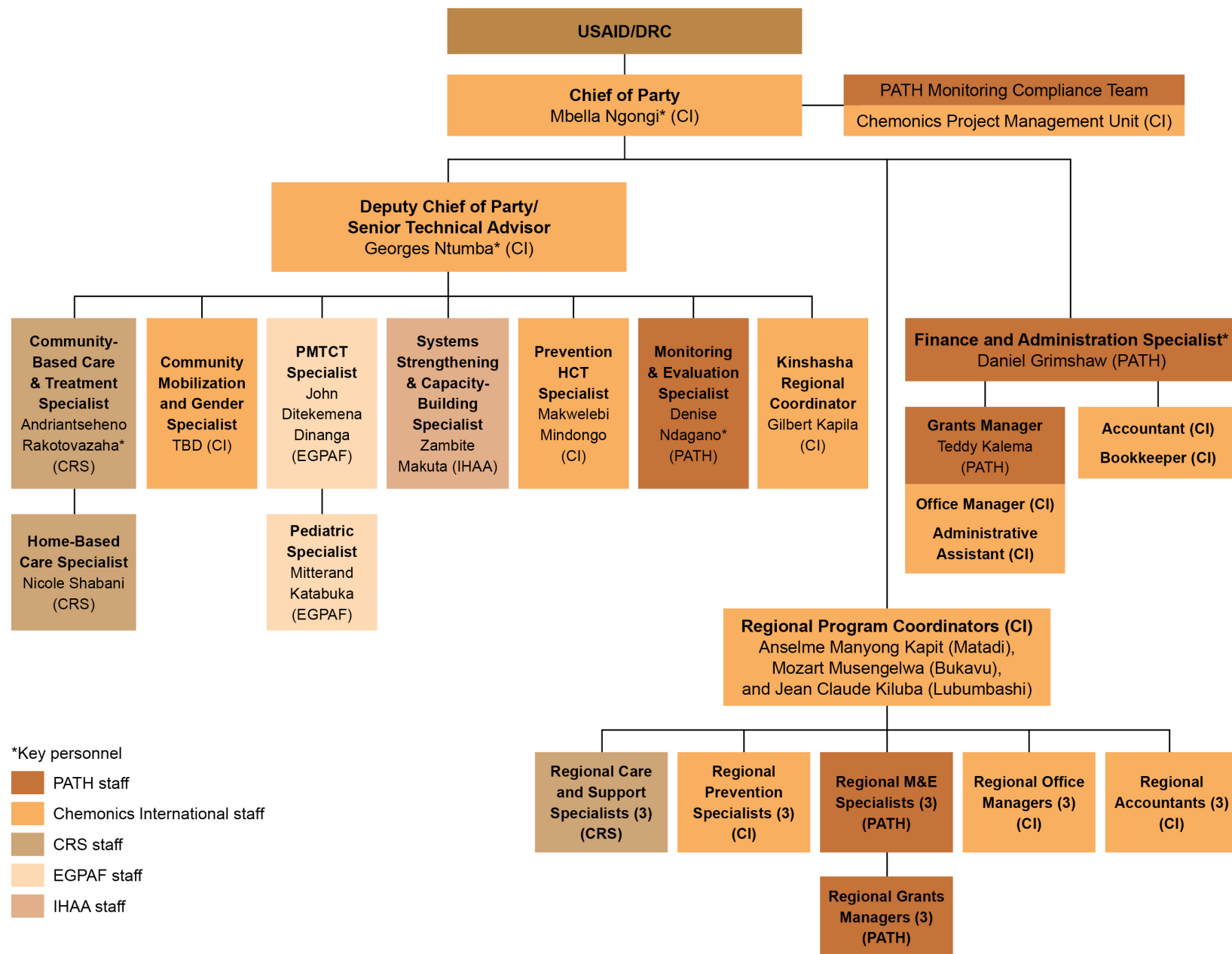
### **a. Organizational Structure**

The project is structured to implement activities and achieve results in the four targeted zones (Kinshasa, Matadi, Lumbumbashi, and Bukavu) with the office in Kinshasa providing overall supervision and management. The project will be supported by home-office resources from both PATH and Chemonics. PATH will provide overall project management and some technical support in specific areas, such as grants and M&E, and Chemonics, as the main technical partner, will provide technical oversight, as detailed in the management section below. The project team is organized to be a streamlined single operating unit that will benefit from the expertise of all the consortium members while functioning as one integrated project. All staff under the Chief of Party, regardless of their employer, will report to the Chief of Party through the project office structure, be located at one office, and organize their activities according to the project work plan. The Chief of Party will report on a day to day basis to the PATH Country Representative, who is responsible for monitoring compliance of the project to contractual agreements, among other issues. The table below shows the roles of the project staff.

Following recent discussions with USAID, we have made two changes to the staffing plan. We have changed the position of Gender and Family Planning Specialist to Community Mobilization Specialist so that one person will be the focal point for organizing the Champion Community approach and for integrating all project technical activities at the community level. This position will also ensure that gender is integrated at all levels of implementation, with support from STTA. Secondly, to coordinate the implementation of activities in the Kinshasa region, we will hire a Kinshasa Regional Coordinator. This person will replace the BCC Coordinator, whose tasks can be assumed by the Prevention Specialist. These changes will not affect the work days ordered or key personnel.

Details on the role of all staff are provided in the table below and the relationships are shown on the staffing structure.

**Exhibit 1. DRC Integrated HIV/AIDS Program Staffing Structure**



## Project Staff and Responsibilities

POSITION	NAME	RESPONSIBILITY
PATH Country Representative	TBD	Monitor project compliance to the approved award, including the performance of the Chief of Party, subcontractors' performance and subgrantees' performance. In consultation with the COP, provide oversight and guidance to the project on the technical components that PATH is leading – i.e., Monitoring and Evaluation, granting. Serve as PATH's in-country institutional representative. Serve as an alternative representative of the project.
Chief of Party	Mbella Ngongi	Provide technical direction and management oversight for program activities, supervise technical and administrative staff, and liaise with USAID and government.
Deputy Chief of Party/Senior Technical Advisor	Georges Ntumba	Responsible for overseeing the technical team and M&E specialist, and providing support to project activities. He will represent the project in the absence of the PATH Country Representative and COP.
Community-based Care and Support Specialist	Salomon Rakotovazaha	Responsible for technical design and supervision of the care and support component. Works with consultants, CRS resources, and other project staff to design and implement interventions in care and support for PLHIV and OVC. Provides technical support to Regional Care and Support Specialists.
Home-Based Care Specialist	Nicole Shabani	Develops and implements the home-based care package that is an integral part of the care and support package for PLHIV and OVC
Community Mobilization Specialist	TBD; RECRUITMENT IN PROCESS	Responsible for technical design and supervision of the Champion Communities approach in IR 1 and in gender integration across all components. Works with consultants, Chemonics resources, and project staff to design and implement the Champion community approach and works with STTA to design and integrate the gender strategy across all project IRs. Provides technical support to regional Prevention Specialists in community mobilization.
PMTCT Specialist	John Ditekemena Dinanga	Responsible for technical design and supervision of PMTCT activities under IR 1. Works with consultants, EGPAF resources, and project staff to design and implement PMTCT activities. Provides technical support to regional Prevention Specialists in PMTCT
Pediatric Specialist	Mitterand Katabuka	Responsible for providing technical assistant to all pediatric care and treatment activities. Oversees activities including identifying gaps in pediatric care and treatment, helping to link pediatric care and treatment to PMTCT activities, working with other implementing agencies, and coordinating training for clinical staff.
Systems Strengthening and Capacity Building Specialist	Zambite Makuta	Responsible for technical design and supervision of the health systems strengthening and capacity building activities under IR 3. Works with consultants, IHAA and Chemonics resources, and project staff to design and implement HSS and capacity building activities Provides technical support to regional program coordinators in HSS and capacity building.

POSITION	NAME	RESPONSIBILITY
Prevention and HCT Specialist	Makwelebi Mindongo	Responsible for technical design and supervision of the HCT and prevention activities in IR 1, including behavior change communications. Works with consultants, IHAA and Chemonics resources, and project staff to design and implement HCT activities and other prevention activities such as integrating behavior change communication into the champion communities and other components. Provides technical support to regional Prevention Specialists in HCT and prevention.
Monitoring and Evaluation Specialist	Denise Ndagano	Responsible for collecting and analyzing project data and assisting in reporting and communicating project results. He will also provide technical assistance and support to regional M&E specialists. He will play a technical role by contributing to the strengthening of data collection at the community, facility, and provincial government levels
Finance and Administration Specialist	Daniel Grimshaw	Supervise the grants, finance and administrative staff to ensure compliance, oversight, and smooth implementation.
Grants Manager	Teddy Kalema	Oversee the grants process including designing and releasing RFAs, organizing evaluations, and managing the award process.
Office Manager	Francine Ngoy	Responsible for the smooth functioning of the office including personnel management, logistics and procurement, travel, motorpool and other administrative duties
Accountant	Tryphon Mbadinga	Responsible for maintaining the financial records of the project and accurately booking all transactions.
Regional Program Coordinators	Gilbert Kapila; Mozart Musengelwa; Jean Claude Kiluba; Anselme Manyong Kapit	Responsible for coordinating all technical assistance provided within the respective region, supervision and guidance for regional technical specialists, and supervision and management of the regional administrative team. Will also implement health systems strengthening/capacity building activities under IR3.
Regional Care and Support Specialists	Alexandre Kabanga; Fidele Kanyanga; Emmanuel Mpanzu	Provide technical oversight to the care and support component, IR2, at the regional level by supervising the design and management of the grants program for care and support of PLHIV and OVC. Provide direct technical assistance and training to partners in project approaches under IR2
Regional Prevention Specialists	Astrid Mulenda; Lydia Kabamba Mulongo; Chanty Mombo	Provide technical oversight to the prevention component, IR1, at the regional level by supervising implementation of HCT activities, champion community activities, PMTCT, and other prevention activities. Supervise the design and management of the grants program in HCT and community mobilization. Provide direct technical assistance and training to partners in project approaches under IR1
Regional M&E Specialists	TBD; RECRUITMENT IN PROCESS	Responsible for collecting M&E data at the regional level from project grantees, beneficiaries, and staff. Provide training and capacity building to grantees, partners, and staff in developing M&E plans, collecting data, and analyzing it. Work with Kinshasa M&E Specialist to design capacity building interventions in M&E for provincial government and partners
Regional Grants Managers	Benjamin Metre	Oversee the grants process at the regional level including releasing RFAs, organizing evaluations, and managing the award process.

POSITION	NAME	RESPONSIBILITY
Regional Office Managers	Desire Mukambilwa, Vincent Yabwana; Fabien Bikoko	Manage the administrative functions of the project office at the regional level.
Regional Accountants	Arlette Santono; Jean Heri Burale; Justin Kapuku	Manage the financial functions of the project office at the regional level.

## **b. Management Plan**

PATH and Chemonics have thoughtfully and deliberately planned a management structure that will ensure project success and streamlined operations. PATH will provide supervision of the project through the PATH Country Representative and the back-stopping team (especially the Senior Program Advisor and Program Quality Coordinator) based in Washington DC. PATH will work closely with Chemonics in a prime contractor/subcontractor relationship to keep the overall effort on track for deliverables and performance targets. PATH is currently providing both compliance monitoring and managerial, financial and technical backstopping from Washington, DC. Further, PATH is recruiting to fill the Country Representative position who will have a project monitoring and compliance role.

The chief of party is from Chemonics, consistent with Chemonics role in leading field implementation of the project. Mr. Ngongi will provide overall field management for the contract, be the spokesperson for field activities, and support overall technical and program planning, implementation and monitoring. He will be the main point of contact with USAID on technical and administrative reporting, with the PATH Country Representative as an alternate contact, and with support from Chemonics and PATH home-office staff. For purposes of monitoring project success, the COP will report to the PATH Country Representative (once on board), and be held accountable for meeting project milestones, deliverables, and performance targets.

Chemonics will support project implementation through a three-tiered project management unit (PMU) composed of project director Kathryn Goldman, project manager Martha Larson, and project associate Melody Chuang who will backstop the field team. Ms Goldman is responsible for supervising start-up and work planning, providing technical and managerial support from the DC office, and ensuring the project is meeting its deliverables and resources match goals and objectives. This three-tier system will ensure the field office receives constant support. The PMU will also serve as a portal to other Chemonics home-office resources, such as our contract compliance unit, and the departments of finance and accounting, grants management, and training and development. The PMU will coordinate closely with PATH on all aspects of project implementation and will coordinate two supervisory field visits per year to ensure adequate support to the project and client satisfaction.

PATH and Chemonics value clear communication with USAID, including in-person reporting, to support program implementation and identify potential problems. The COP will work with USAID through the contracting officer and his/her technical representative, as well as PATH, MOH, PNMLS, PNLS, MINAS, and other government stakeholders, to communicate any challenges facing the program and propose solutions. Communications with USAID may take the form of weekly meetings, telephone updates, and/or weekly email summaries. The COP will also provide program updates to other USG-funded projects.

### **c. Mobilization Plan**

The project's mobilization plan is designed to ensure that all contract deliverables are completed on time while the technical and administrative start-ups are completed in a timely and effective manner. The timeline for implementation is as follows:

#### **Technical Start-Up**

- Participation in Post-Award Debrief by PATH and Chemonics representatives and the Chief of Party
- Work planning workshop conducted October 19-23, including a one day stakeholders consultation which presented the project to partners and solicited their experience in each of our three components
- Initial introductions and consultations with key partners including USAID, PNLS, PNMLS, MINAS, MOPH, FHI, CRS, AXxes, PSI, AMO Congo, MSH, Global Fund, and others
- Submission of first year work plan- October 30
- Submission of the Grants Manual to USAID by November 15
- Submission of the Performance Monitoring and Evaluation Plan by November 30

#### **Administrative Start-Up**

- Identification of office space and equipment and furniture for purchase
- Recruitment of key administrative staff and initiation of recruitment of technical staff
- Completion of other key administrative tasks such as opening a bank account, negotiating local labor contracts, initiating registration, etc
- Continuation of administrative mobilization in Kinshasa through project start-up support from Melody Chuang
- Administrative start-up of Bukavu, Lubumbashi, and Matadi offices with start-up support from Lindsey Madson

## **SECTION 2**

### **First Year Work Plan**

#### **A. Work planning process**

The project set out a rapid timetable for writing the first year work plan by the October 30 due date. PATH and Chemonics first convened a consortium meeting in Washington DC immediately following the award. This meeting allowed all partners to discuss the technical approach, their roles and responsibilities and plan for mobilization. Second, the Chief of Party, PATH's Project Administrator and Chemonics home office project director attended the Post-Award Debrief in Kinshasa and then spent the rest of the week meeting USAID technical staff and key stakeholders such as PSI, AXxes, and AMO-Congo. Thirdly, a start-up and work planning workshop was convened October 19-23 to bring the project team together, present the project objectives, structure, and management plan,

The workshop included participation from the Chief of Party, Deputy Chief of Party, HCT and Prevention Specialist, the Care and Support Specialist, the Health Systems Strengthening Specialist, all three Regional Coordinators from Lubumbashi, Bukavu, and Matadi, the Finance and Administration Specialist, a representative from EGPAF standing in for the PMTCT specialist, and representatives from the Chemonics home office. During the workshop, participants were presented with the overall objectives of the contract, and had the opportunity to discuss the project with USAID. Each component was discussed in detail and participants were given the opportunity to discuss the details of implementation. The project invited representatives from FHI, AMO Congo, and CRS to present a summary of their activities under the previous project in order to learn from them and better inform their planning.

A larger forum of stakeholders was convened for a one day workshop to hear about the project and to have the opportunity to describe their work and provide feedback to the design of the year one work plan. In addition, team building activities were conducted and the team had the opportunity to get to know each other and discuss how they will work together. By the conclusion of the workshop, the participants had developed detailed gantt charts describing all their activities. In the last week of October, the team converted these tables to the detailed work plan document. Consortium partners were given the opportunity to review and provide comment on the work plan draft concerning their components. This feedback was integrated in to the final version.

To update the work plan in March 2010, PROVIC convened a workshop of the entire project team from all four provinces and invited stakeholders from PNLS, PNMLS, MINAS, other USAID projects, other international organizations, and local partners. The first day was devoted to team building and creating the vision statement for the project. The subsequent days included the stakeholders and were devoted to presenting the findings from the needs assessment, presenting the work plan and having small group discussions about any changes that needed to be made and how to better coordinate with partners.

#### **B. Partners and Coordination**

A main challenge and opportunity for this project will be to ensure coordination of, and building synergy between, the activities of many diverse groups of actors (national and provincial level government agencies, donors, local NGOs, and other health projects). It will

be important for our project to harmonize the various agendas and prioritize objectives in order to leverage resources and collaborate effectively to achieve our project's results.

A complex array of international donors, nongovernmental organizations (NGOs), and churches lacking coordination mechanisms has led to inefficiencies and duplicative programming. Promising steps, including regular Group Inter-Bailleurs Santé meetings, signing of memorandums of understanding between government and donors, and creation of service-specific task forces at central and provincial levels, have improved the situation. A critical element needed to effectively address this problem is the establishment of effective, practical collaboration and partnerships amongst all relevant actors, and we recognize that our project must support and strive for greater coordination of programming and resources. Our approach to collaboration will emphasize regular communication with stakeholders, transparency, sharing of our project work plans and encouraging joint work plans where appropriate, including stakeholder feedback in our planning processes, and alignment of our project activities and systems with national policies and protocols.

More specifically the Program shall ensure that it works in close collaboration with the following key partners. A detailed table of collaboration plans with these partners and others is included in Annex C.

**Government Partners:**

- PNLS/ Ministry of Health
- PNMLS
- Ministry of Social Affairs

**USG Partners:**

- PSI
- AXxes
- C-Change
- MSH/SPS
- UNC/Kinshasa School of Public Health

**Other donors/international partners:**

- Global Fund
- UNAIDS
- Clinton Foundation:

**C. Technical Activities by Result**

This section provides detailed descriptions for the activities to be completed under each intermediate result. We have organized the section according to our results framework, showing activities according to the intermediate result and sub-result under which they fall. We have also included milestones for each sub-IR that will be tracked over the course of the year. The descriptions below are complemented by Gantt charts which show the timeframe for activities in graphical form. The Performance Monitoring and Evaluation Plan will have the detailed indicators by IR and sub-IR.

## **Result One: HCT and prevention services expanded and improved in target areas HCT**

### *Overview and Strategy*

In line with the national strategy against HIV/AIDS, we recognize that community engagement is an important element in increasing the effectiveness of HCT and prevention services. Accordingly, we plan to adapt the Champion Community model to the DRC context in order to help communities set and meet prevention objectives in line with their own priorities. Recognizing that each of the four zones, or “hot spots” where the project will intervene, presents unique risk factors that contribute to the spread of HIV, we will adapt and target MARP communities in each zone. In order to increase the uptake of testing services, we will bring HCT services closer to the community-level and coordinate with other projects to use BCC messaging to encourage testing and other prevention strategies. Finally, we will draw on EGPAF’s international experience to enhance PMTCT services currently offered by the AXxess project.

### *Sub-Intermediate Results:*

- 1.1 Communities ability to develop and implement prevention strategies strengthened
- 1.2 Community-based and facility-based HCT services increased and enhanced
- 1.3 PMTCT services improved

In order to expand and improve HCT and prevention services in the targeted zones of the project, we propose three sub-intermediate results (please see above). We recognize that to generate the intended result we must focus our activities and strategies on strengthening the ability of communities to implement prevention strategies, make HCT services more available at both the facility and community level and enhance those services, and support improved PMTCT services. Please find descriptions of planned activities for each sub-intermediate result below.

### *Activities by sub-IR*

#### **Sub-IR 1.1 Communities ability to develop and implement prevention strategies strengthened**

*Activity 1*      *Coordinate with partners and stakeholders.* One of the first activities will be to meet with national and provincial government counterparts and stakeholders, and PSI. Dr. Mindongo will meet with government stakeholders such as PNLS and PNMLS to discuss the project’s core objectives and activities. Additionally, he will meet with PSI and create an MOU to specify avenues for collaboration. Lastly, the team will support PNLS in its work to disseminate and train on caring for sexually transmitted infections (STIs).

*Activity 2*      *Adapt Champion Communities Model to DRC context.* We will bring an international consultant who has worked with Chemonics in Madagascar in the direct implementation of the Champion Communities model to the DRC to facilitate a workshop with our project staff and government and NGO partners. The consultant and Community Mobilization specialist will assist in adapting the model that we will use in this project and developing relevant Champion Community materials. Our project staff will also meet with provincial

governments and other projects to discuss the Champion Communities approach and obtain feedback.

*Activity 3*      *Roll-out Champion Community Model.* As part of the RFA process, the Community Mobilization expert and regional prevention specialists will identify community-based organizations and NGOs that are capable of implementing the model. One to two organizations will be selected to implement the Champion Communities pilot in the targeted regions. With PNLS, PNMLS, and community partners, the project will also select geographic and population-based (MARPs) groups who will benefit from Champion Communities. The Community Mobilization specialist will take the lead in training selected partners and assisting them in developing a detailed work plan for the pilot and negotiate any additional grant funds needed for implementation.

*Activity 4*      *Support implementation of Champion Communities.* The Community Mobilization expert and regional prevention specialists will support the selection of peer educators in selected communities and development of community M&E plans. We will also organize trimestrial reviews with Champion Communities partners and provide additional support and materials to peer educators for training and education activities related to Champion Communities. We will liaise with PSI and C-Change to assure coordination of BCC activities. Throughout this process, we will be using gender tools and strategies to support Champion Communities implementation.

#### *Milestones*

- Adapted Champion Community model developed
- NGO implementing partners selected
- NGO partners trained in Champion Community model

### **Sub- IR 1.2    Community-based and facility-based HCT services enhanced**

*Activity 1*      *Continue funding for HCT services to existing partners.* In order to avoid disruption of current USAID-supported services, we will continue funding to existing partners for an interim period. We will coordinate closely with FHI and their implementing partners to plan programming handover and work out budgets and scopes of work for grantees. After existing partners receive bridge funding, Dr. Mindongo and the grants management team will continue to provide close supervision and support.

*Activity 2*      *Conduct needs assessment and determine status of potential HCT partners in the four regions.* Dr. Mindongo with the support of the regional teams will conduct a needs assessment in all four regions by visiting public, community, and mobile HCT sites that can be potential partners. The data will be instrumental in informing site selection for public sector facilities and in establishing the criteria for selection of community-based partners. It will also establish the status of HCT services in all four regions, the challenges, and the

areas for technical support. It will also contribute to baseline data for the project M&E system.

- Activity 3*      *Select new HCT partners.* After the needs assessment is completed, Dr. Mindongo will analyze data from the site visits and develop a list of pre-selected public sector sites, which will qualify for support from the project. Dr. Mindongo and the regional prevention specialists will contribute to the integrated RFA in order to evaluate and select NGO and community-based partners. Dr. Mindongo and Georges Ntumba will finalize the list of HCT sites based on above analysis, targets, and budgetary resources.
- Activity 4*      *Ensure grantees have funds and supplies necessary for implementation.* Our grants management team will issue grants to selected NGO and community-based HCT partners. In collaboration with a commodities consultant, Dr. Mindongo and the regional coordinators will develop a detailed commodities list to ensure that appropriate supplies are available to all HCT sites. Dr. Mindongo and Mbella Ngongi will also meet with MSH/SPS, PNLS, the Global Fund, and other partners to determine how to best collaborate on commodities procurements. Through partnerships and direct procurement, the project will strive to ensure that HCT sites have required commodities to carry out activities. Lastly, Dr. Mindongo will provide training and capacity building for grantees in the area of stock management.
- Activity 5*      *Develop capacity building plan for HCT sites.* Dr. Mindongo and Dr. Zambite will work together to conduct additional needs assessments for any new HCT partners and combine findings with the first needs assessment. They will assist in developing capacity building plans for our HCT partners and integrate gender and family planning training into these plans by using consultants and other local partners. Dr. Mindongo and Dr. Zambite will coordinate with PNLS and PNMLS to finalize the capacity building plan.
- Activity 6*      *Create links and synergies between TB testing and treatment and HIV testing.* As part of the site selection process, the project will identify TB testing and treatment in each of our intervention areas and evaluate if HCT services can be added to the site if they are not already offered. Where services are already integrated, such as several sites in Matadi, Lubumbashi, and Bukavu, we will support these sites through continuous capacity building and by helping them mobilize those in the community with tuberculosis to also get HIV testing.

#### *Milestones*

- Funding for existing services continued
- Needs assessment completed
- Grantees selected
- HCT sites finalized
- Quantification of commodities completed and suppliers identified
- HCT Basic commodities procured and distribution mechanism operational
- Capacity building plan for HCT completed
- TB serviced integrated with HCT

### **Sub-IR 1.3 PMTCT Services Improved**

- Activity 1 Strengthen the capacity of government to provide PMTCT services.* Dr. Ditekemena will participate in several national-level working groups and dialogues in order to build the capacity of central and provincial PNMLS and PNLS to develop and disseminate PMTCT norms and guidelines. Dr. Ditekemena will also conduct a rapid field needs assessment to determine if a more quantitative or baseline study is needed for PTMCT in the DRC.
- Activity 2 Increase promotion and uptake of pediatric counseling and testing and referrals for antiretroviral therapy (ART) where services exist.* A mapping exercise will be carried out to locate existing services for pediatric ART. We will also train providers and integrate Provider Initiated Counseling and Testing (PICT) into maternities and MCH centers. The project will advocate at the national level for increased resources and appropriate guidelines for early infant diagnosis.
- Activity 3 Provide technical assistance and capacity building in PMTCT to AXxes sites and non AXxes sites which are located in the geographic areas targeted by PROVIC.* One of the main goals of the prevention aspect of this project is to build-up and improve the existing PMTCT services being provided under the AXxes project. Dr. Ditekemena will conduct a rapid diagnosis of AXxes and non AXxes supported PMTCT centers in the geographic focus areas of the project. Capacity-building plans will be developed for all AXxes and non AXxes sites within the focus areas. Plans will begin to be implemented in AXxes health zones through a cascade training approach.
- Activity 4 Increase uptake of comprehensive PMTCT services and referral of pregnant women eligible for ART services.* Dr. Ditekemena will use and incorporate findings from the ongoing ESP/UNC study into the PMTCT strategy. An ongoing effort throughout year one will be made to introduce counseling and rapid testing at labor and deliver for women of unknown sero-status or those who may have sero-converted during pregnancy.

#### *Milestones*

- Needs assessment produced and disseminated.
- Map of existing services in target zones developed
- Trainings for maternities and MCH providers using PICT services conducted
- EGPAF model rolled out to new sites
- Capacity-building plans developed
- PMTCT activities integrated into Champion Community model
- TOTs for providers of rapid testing conducted

## **Result Two: Care, support and treatment for PLHIV and OVC improved in target areas**

### *Overview and Strategy*

The project will target PLHIV, OVCs and their communities in this component and will involve them in every step of implementation. Activities will be centered around the community and we will adopt the USG's strategy of integrating palliative care into the framework of the Family-Centered Continuum of HIV services. We will support PNLS and MINAS in developing and disseminating standard packages of services. For people living with HIV/AIDS, we will both improve the clinical aspects of palliative care and provide a holistic package of care and support interventions that improve not only their health but also their social and economic status. This includes interventions such as the positive living strategy, improvements to nutrition, legal rights, income-generating activities, etc. In addition, the project will develop a new comprehensive package of support for OVCs using the same holistic approach to ensure all aspects of the child's well-being are improved.

### *Sub-Intermediate Results:*

2.1 Care and support for PLHIV strengthened

2.2 Care and support for OVC strengthened

We have divided this intermediate result into two sub-results. Under care and support for PLHIV strengthened, we include all activities which support people living with HIV/AIDS, including both the clinical and the non-clinical support. Sub IR 2.1 care and support for OVC strengthened includes our comprehensive package of support for OVCs. Together these sub-IRs contribute to the achievement of a system of care for those most affected by HIV/AIDS.

### *Activities by sub-IR*

#### **Sub IR 2.1 Care and support for PLHIV strengthened**

*Activity 1*      *Provide bridge funding to support former CRS partners from AMITIE. . We will solicit detailed SOWs and budgets from current CRS AMITIE beneficiaries. Based on these, we will proceed to award interim bridge grants to these partners and establish performance monitoring targets. Dr. Rakotovazaha will supervise implementation of the grants with support from the regional care and support specialists and will ensure the required commodities are sourced to support the grantees.*

*Activity 2*      *Conduct needs assessment and design new palliative care package. To build upon and improve the work CRS has been doing in support for PLHIV, the project will first conduct an evaluation of efforts to date to support PLHIV and the care packages that have been used. Based on that evaluation and on feedback from local partners and stakeholders and PLHIV groups, we will redesign the support package to be provided under the project. We will consult with PNLS, PNMLS, and MINAS and ensure the package conforms with national norms and guidelines. The package will include an individual assessment tool for communities and NGOs to use in assessing the needs of individual beneficiaries so as to better tailor support according to their needs.*

Some planned elements of the care and support package include the following though the details have yet to be finalized:

- Home-based care kits to reduce opportunistic infections which will be distributed by community volunteers linked to the champion communities or other community-based partners such as the Community Care Coalitions (CCC) in place from AMITIE. Kits will include insecticide-treated mosquito nets, water guards, social marketing materials for positive living, condoms and other materials relating to positive prevention and other items to be determined)
- Psychosocial support to be provided through peer supporters and other community-based groups
- Food and nutrition support which will consist of high-energy protein supplements and vitamins for a small number of beneficiaries in critical need of nutritional support. This will be done in partnership with WFP, ACF. In addition, the project will promote a broader strategy of helping beneficiaries develop longer term food security through home gardens and animal husbandry and training in nutrition and diet planning. This will be done in partnership with PRONANUT.
- Income generating activities which will include skills building, start-up packages where appropriate, and links to micro-finance institutions to promote access to credit
- Human rights and protection which will be implemented in partnership with Global Rights and other partners

*Activity 3*      *Select partners who will implement care and support activities.* Using data from the site analysis and needs assessment, and in coordination with the HCT Specialist and PMTCT Specialist, the Care and Support Specialist will select sites which will be supported in provision of facility-based care for PLHIV. To select the NGOs and community-based partners, the care and support team will contribute to the design of the Integrated RFA and will participate in the evaluation and selection of grantees.

*Activity 4*      *Brief community groups and build their capacity to implement the new PLHIV care and support strategy.* As part of the rollout of the new care and support package, we will work with the new grantees to organize workshops at the community level, through Champion communities and CRS' community care coalitions, on the new care and support strategy. This will take place in Q3.

*Activity 5*      *Expand and improve facility-based services in palliative care.* In order to support the clinical needs of PLHIV, we will complete a diagnostic of the existing services available in public facilities in Q2. Following this, we will develop a plan to address gaps found in the clinical system which will be rolled out in Q3. The plan will include elements such as the following

- Training of community providers or caregivers in prevention of opportunistic infections (including tuberculosis and those related to general hygiene) with a focus on early identification of dangerous symptoms which should be addressed or monitored and how to do effective follow-up with patients.

- Ensure high quality care and support kits are available to PLHIV with the correct materials identified and included. Include health care facilities in the process of developing the kits.
- Train health facility staff to provide nutritional education to patients so they can improve and maintain their health through proper diet.
- Work closely with the health zones teams to strengthen their ability to provide supervision and support to their staff.

*Activity 6*      *Develop positive living strategy as part of care and support package.* As part of the comprehensive care and support package, we will develop a positive living strategy and a system for supporting networking among PLHIV. The strategy is not unique to the care and support component and is integrated in other activities as well so that those who receive positive test results after being tested in a HCT center or maternity will immediately be linked to supportive resources.

Under care and support, the strategy will focus on providing support and positive living guidance to patients at both the facility level so that clinical care is paired with counseling and supportive services and at the community level using home-based volunteers. The project will partner with UCOP+ to involve PLHIV and train them to be key resources and implementers of the positive living strategy. Working with UCOP+ and others, we will start the process of establishing a toll free line which will serve as a resource to PLHIV for information on available services, psychosocial support, and networking. We will reinforce the capacity of promising PLHIV organizations identified through RFA process, to take the lead on creating improved networking opportunities for both PLHIV and their care-givers.

*Activity 7*      *Strengthen the supply chain of HIV-related commodities.* In order to ensure that the project-supported partners providing palliative care have the necessary commodities, the project will engage a consultant in Q2 to coordinate with other health partners and assess the gaps in the supply chain. The consultant will then make recommendations on how to strengthen the system and ensure continuous supply of essential commodities.

*Activity 8*      *Improve links between community and clinic-based care.* The project will use IHAA's community engagement model to link communities targeted by the project with facilities in the area. The model will be based on a peer supporter approach where community partners help disseminate information on facilities and referral protocols. In this first year, the model will be adapted to the DRC context and tested in a few pilot communities.

*Activity 9*      *Ensure PLHIV access TB testing and treatment* To address TB co-infection, we plan to mobilize the community structures where we are working (CCCs, champion communities, peer educators, UCOP+, others) to encourage PLHIV and family members who are vulnerable to infection or co-infection to seek TB testing and treatment if necessary. These same community structures will contribute to the patient follow-up and monitoring that is an essential element of DOTS treatment and will ensure patients are also seeking appropriate AIDS treatment.

*Activity 10*     *Integrate family planning into palliative care services.* To ensure we are properly integrating family planning into our care and support services, the project will hire a consultant to develop a project-wide strategy for family planning integration, including how these services will be integrated into the care and support package. In Q3 and Q4, based on the consultant report, we will work with grantees to integrate this strategy into their work.

#### *Milestones*

- Grants issued to all former CRS partners
- New palliative care package for people living with AIDS designed
- Positive living strategy designed
- Sites selected for palliative care support
- Community groups and NGOs trained in new palliative care package
- Capacity building plan developed for facility based services
- Plan developed for supporting the supply chain
- Community engagement model adapted
- TB integrated into care and support activities
- Family planning integrated into palliative care activities

### **Sub IR 2.2 Care and support for OVC strengthened**

*Activity 1*     *Provide bridge funding to previous AMITIE partners.* As detailed above for the care and support for PLHIV, the project will ensure continuous funding for the current CRS beneficiaries in the OVC program for an interim period until new grants are awarded. The PROVIC team will negotiate the interim scopes of work, targets, and budgets and monitor implementation of the bridge grants.

*Activity 2*     *Develop a need-based comprehensive standard OVC package.* To build upon and improve the work CRS has been doing in support of OVC, the project will first conduct an evaluation of efforts to date to support OVC and will take into consideration new evidence on effectiveness of interventions and experiences in other countries. Based on this data, the project, led by Dr. Rakotovazaha, will redesign the OVC care package.

*Activity 3*     *Develop grants program for implementation of new OVC package.* The new OVC care and support package will be an integral part of the RFA to be issued to local partners. The care and support team will participate in the evaluation of proposals and the selection of grantees, looking for community groups who have the capacity to implement OVC work at the community level.

*Activity 4*     *Link grant recipients to Champion Communities and Community Care Coalitions.* To ensure the integrated nature of services under this project, we will ensure that our OVC providers/grantees are linking to the community groups mobilized under component one. We will inform and train peer educators in the champion communities and community care coalitions on the

available services through the OVC package so they can make it available to their vulnerable community members and participate in the rollout.

*Activity 5*      *Roll out Child Status Index and OVC Well-Being Tool.* To ensure quality data on the effectiveness of OVC programs, the project will introduce CRS' Child Status Index tool and well-being tool in Q4 so that grantees and partners have the means to evaluate OVC status and track progress over the course of the project.

**Milestones:**

- Grants to CRS partners issued
- New comprehensive OVC package developed
- Grantees/community partners implementing the OVC package
- Champion Communities and CCCs working with OVC program grantees
- M&E tools introduced at grantee level

## **Result Three: Strengthening of health systems supported**

### *Overview and Strategy*

In order to achieve the project results of improving prevention, and care, support, and treatment services, we cannot underestimate the importance of building the capacity of governmental and non-governmental service providers, as well as reinforcing functional systems. With the recent move toward decentralization in the DRC, provincial governments have new roles and responsibilities in regards to planning, budgeting, and managing provincial programs and services. In addition, provincial governments have responsibility for ensuring coordination and monitoring of activities and proper collection and analysis of data. MSH and other partners are supported by USAID to strengthen health systems in the DRC. This project will play a supporting role in strengthening health systems and capacity of service providers where it is in the interest of achieving the project's overall objective and realizing our planned activities. As in the other components of this project, coordination with donors and other projects is essential.

### *Sub-Intermediate Results:*

- 1.1 Capacity of provincial government health systems supported
- 1.2 Capacity of NGO providers improved
- 1.3 Strategic information systems at community and facility strengthened

The project will support health system strengthening through supporting the increased capacity of provincial governments primarily in the areas of coordination, monitoring, supervision, and data collection and analysis. Additionally, we will provide assistance in training them in national norms and guidelines that flow down to the provincial level. The project will also work to improve the capacity of NGO service providers. Currently, there are but a few NGOs with the capacity to carry out effective programming. We will seek to continue to improve their capacity and service delivery, while building capacity for new NGO players. This is an important step for ensuring adequate coverage at the community level. Finally, we have developed activities aimed at strengthening strategic information systems at the community and facility level so that there is sufficient information to allow evidence-based programming and policy-making. Please find descriptions of planned activities for each sub-intermediate result below.

### *Activities by sub-IR*

#### **Sub-IR 3.1 Capacity of provincial government health systems supported**

*Activity 1 Identify existing gaps in capacity of provincial governments.* Beginning in Q1, Dr. Zambite and regional program coordinators will meet with central and provincial government representatives from PNLS, PNMLS, MOPH, and MINAS to explain the objectives of the project and what type of support we envision providing to them to support their roles and responsibilities. At the MOPH, we will particularly concentrate on the 5<sup>e</sup> Bureau(B5)/Primary Care; 4<sup>e</sup> Bureau (B4)/ Disease surveillance and 3<sup>e</sup> Bureau (B3)/ Pharmacies, medicine, and laboratories. We will work with these bodies to refine an assessment tool to determine what is needed to strengthen coordination, monitoring, supervision, data-collection and analysis at the provincial level.

Staff at the central levels of these institutions will play an instrumental role in defining the methodology. The assessment will undertaken by Dr. Zambite with support from IHAA. Findings will be shared with the central and provincial government stakeholders.

*Activity 2*      *Develop a capacity building plan for provincial governments.* Based on the findings of the assessment, and a thorough review of other project interventions, we will coordinate with partners such as MSH to identify priorities and develop a capacity building plan. The central bodies of the government institutions will contribute to the finalization of the capacity building plans and will help the project prioritize key interventions that are needed to help the provincial governments fulfill their mandates in coordinating and monitoring HIV/AIDS activities and ensuring proper data collection and reporting. Dr. Zambite as well as the regional program coordinators will work closely on this activity.

*Activity 3*      *Support MINAS in improving its coordination skills and national and provincial levels.* The PROVIC team will perform a situation analysis of the status of coordination between MINAS and its partners. They will then establish a plan for improving MINAS capacity to coordinate with partners and network with donors and other government agencies. The plan will support the OVC Steering Committee, the Direction des Interventions Spéciales de Protection de l'Enfant and the Direction des Etudes et Planification, to refine national OVC norms and guidelines based on the new national strategy and the Action Plan. In addition, MINAS will play an instrumental role in helping the project define its comprehensive OVC support package. To further increase MINAS' leadership in this area, the project will support the training of their staff in the refined norms and guidelines and the comprehensive OVC package. These staff at both the central and regional level will then be critical partners in the implementation of the project's OVC activities by providing supervision and additional training to partners.

*Activity 4*      *Conduct integrated training of provincial PNLS and PNMLS staff.* In order to support PNLS and PNMLS staff in better providing support and supervision as well as high quality integrated HIV/AIDS services, PROVIC will conduct a training needs assessment for their staff and create a training program. The program, which will be delivered through a training of trainers methodology, will focus on helping PNLS and PNMLS staff at all levels but particularly at the provincial government level to ensure delivery of quality integrated HIV/AIDS services at PNLS facilities.

#### *Milestones*

- Needs assessment completed
- Capacity building plan developed and approved by stakeholders
- Plan developed for improving MINAS coordination capacity
- Integrated training delivered for PNLS staff

### **Sub- IR 3.2 Capacity of NGO providers improved**

*Activity 1* *Build capacity of NGOs providers in grants management and reporting requirements.* Dr. Zambite will meet with FHI and CRS and NGO partners to determine their need for training in grants management and reporting. Dr. Zambite, the regional grants managers and M&E officers will also conduct needs assessments for all new grantees to determine their capacity building needs in grants management and reporting. Dr. Zambite and Dr. Ndagano will work with the M&E officers and grants managers to develop training materials and conduct the training in relevant areas. Periodic oversight of NGOs implementation will be done by regional technical specialists, M&E staff, and grants managers.

#### *Milestones*

- NGO partners trained in grants management and reporting requirements

### **Sub- IR 3.3 Strategic information systems at community and facility strengthened**

*Activity 1* *Make available data collection tools to NGO partners.* Dr. Zambite and Dr. Ndagano will meet with relevant partners, including PNLS and PNMLS, and identify existing reporting and feedback mechanisms. They will then ensure that PNMLS M&E tools are integrated into project reporting systems and will harmonize data collection tools among partners.

*Activity 2* *Strengthen Quality Assurance (QA) system.* Throughout the first year, relevant project staff (Dr. Zambite, M&E Specialist Dr. Ndagano, provincial M&E officers, and a PATH M&E expert) will review and identify weaknesses or gaps in data collection tools and data quality. They will develop tools to assess local service providers against existing national norms and train facilities in the self-evaluation process to identify gaps and develop action plans. They will coordinate and communicate with local and regional PNLS, PNMLS, and MINAS staff so that they are fully participating in quality improvements and in better reporting.

Some examples of quality improvements that may be targeted include for HCT issues - rapid testing, counseling, and WHO protocols and the development of job-aids, self-evaluation tools, and peer-review tools. Project staff will also look at on-site supervision mechanisms to make sure that regular performance assessment is occurring, feedback is provided through client exit interviews, and that PNLS is supported in their evaluation role. Activities may include training provincial PNLS teams in assessment and feedback protocols. Dr. Ndagano will work with community counselors and NGOs to design similar quality assurance and performance assessment tools for the care and support component. International short-term expertise will be brought in as necessary to help develop assessment tools and/or QA norms.

Dr. Zambite will be responsible for supervision of these activities, but implementation will be carried out by other relevant project staff.

*Activity 3*      *Support M&E reporting systems.* M&E Specialist, Dr. Ndagano, with support from Dr. Zambite will participate in the national M&E task force and provide on-going support as appropriate for necessary revisions to the M&E framework. Additionally, Dr. Ndagano will ensure dissemination and training as necessary to provincial government actors. Finally, through our provincial M&E officers, we will work with local and national actors to ensure adequate flow of strategic information between the local and national level. Dr. Ndagano, with support from an M&E expert in the PATH home office, will identify appropriate tools and mechanisms during the first year to facilitate M&E reporting and feedback loops. Local M&E and training consultants will be engaged as needed to help develop and conduct training.

#### *Milestones*

- Harmonized data collection tools developed
- Data quality improvement strategies identified
- Trainings conducted at national and provincial levels in national M&E

### **D. Cross-cutting activities**

#### *Gender*

Gender is a critical consideration in HIV/AIDS programs. It is important from both the perspective of equality and equal access to services, and also it is an element that, when examined comprehensively, contributes to the achievement of project results. Gender-based vulnerabilities to HIV infection affect the design of prevention strategies. Differences in health-seeking behaviors between men and women mean that using a gender lens is critical to designing appropriate activities and achieving targets. As part of our work planning process, the team has identified specific ways that gender will need to be integrated into our activities and these are reflected in the work plan. However, to ensure a more thorough analysis of all the gender considerations relevant in DRC and to develop a comprehensive strategy for integrating them into our work, we will engage a gender specialist to do a complete analysis of all the gender dynamics that are relevant to implementing HIV/AIDS activities and to design a comprehensive gender strategy. The specialist will then work with each component leader to design specific activities or modify existing ones in order to fully account for the specific gender issues identified.

Some of the areas where we have already identified the importance of integrating gender considerations are the following:

- Women are more likely to seek HCT than men so importance of designing messages and strategies that encourage men to seek counseling and testing
- Importance of incorporating women and associations or groups that represent them into the champion community process
- Male involvement in PMTCT so that male partners support women's testing and follow up with mothers and babies

- Use of female volunteers in implementation of the home based care kits based on evidence that they are more successful in working with the beneficiaries
- Promotion of girls education through the OVC component

### ***Family Planning***

In our work plan, we have integrated family planning activities into each intermediate result to ensure that this crucial link between HIV/AIDS services and family planning services is made. In addition, we will be hiring a ST consultant to develop an integrated strategy for the project which will then be implemented by DCOP/Senior Technical Advisor Georges Ntumba. Some important links that we will ensure are made through implementation include the following:

- Integrate family planning in to HCT so that counselors have the training and resources to give advice and make referrals
- Work with PSI to bring the family planning products and marketing into champion communities and other community partners
- Integrate family planning products and counsel into the care package for PLHIV
- Support local NGO partners to develop their own family planning resources and strategies

### ***Strategic Activities Fund-***

The project will use an \$8.5-million Strategic Activities Fund (SAF) that will fund grants, training, and procurement as described below.

#### ***Grants***

The project has a \$7.5-million grants fund to finance technical activities through local partners providing prevention, counseling and testing, care and support, and capacity building services.

The activities to be funded under the grants program may be the sole or primary work of an organization, or a special dimension or function of an organization largely dedicated to other projects. Grants will support integrated program structures, whereby recipient organizations will perform combinations of various functions or tasks, as well vertical program structures in which recipient organizations have a single purpose of providing HIV/AIDS services. Because the goal of the project is to supply integrated services to beneficiaries, the project will evaluate applicants and award grants based on the principle that beneficiaries have easy access to the full range of services they need. This will mean in some cases that one organization can provide community mobilization services using the champion community model while directly offering counseling and testing following positive living care and support and assistance for OVCs. It may mean in other instances that two or three organizations partner together in a given area to provide the package of services. In those cases, while one organization may have a grant for only OVC work, they will be linked with partners so that beneficiaries experience a seamless package of comprehensive support services.

The Grants Management Plan that was submitted to the Mission, describes details about the grants program, including aspects of applying for, managing and reporting on grants that may

be awarded under the project, as well as the internal procedures, processes, criteria, and other requirements that the PROVIC project will follow in the solicitation, award, and management of the program.

### *Training*

As described in the detailed Gantt charts, the project will use training to disseminate desired approaches, build capacity of local institutions, and roll out new models in areas such as PMTCT. Training will often use a cascade approach where NGO partners are trained to then train community-based groups who can then disseminate the information in their communities. Examples of this would be the positive living strategy, PMTCT models, OVC support, and the champion community approach.

### *Procurement*

The project has an \$800k procurement budget under the SAF to fund the purchase of commodities to implement HCT and care and support activities. The specific budget which breaks down all the required commodities will be completed in April by Chemonics Manager Martha Larson in consultation with the Commodities Consultant and the project team.

### *Implementation of the SAF*

Our first step in SAF implementation will be to provide rapid funding to the current FHI and CRS grantees to avoid ruptures in services. Finance and Administration Specialist Dan Grimshaw will work with the Kinshasa and regional grants managers to establish an effective grants management system. This system will be guided by the Grants Management Manual developed by PATH and submitted on November 15.

To manage our SAF, we have chosen a decentralized approach with provincial offices managing their own regional grants under the oversight of the Kinshasa-based finance and administration specialist and grants manager. This structure will allow each provincial grant manager to conduct regular grantee supervision visits and organize capacity-building training as needed. Regional M&E specialists will provide reporting support to grantees and ensure accurate and timely reporting to the central office in Kinshasa. PATH will provide oversight and direct management of the fund to ensure compliance with USAID rules and regulations and granting best practices.

# ANNEXES

## ANNEX A: ACTIVITY CHARTS

**PIR 1: HCT and prevention services expanded and improved in target areas**
**Sub-IR 1.1: Communities ability to develop and implement prevention strategies strengthened**

Activity	Tasks	Point Person	Q1			Q2			Q3			Q4			Resources	Milestones
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep		
<b>Coordinate with partners and stakeholders</b>	Contact national and provincial government counterparts and stakeholders to discuss project objectives and activities	Dr. Mindongo														
	Meet with PSI and create an MOU to specify avenues for collaboration															
	Support PNLS in their dissemination and training on caring for STIs															
<b>Adapt Champion Communities model to DRC context</b>	Meet with provincial government and other projects such as C-Change/AED to discuss approach and get feedback	Community Mobilization Specialist														
	Facilitate workshop with project staff and government and NGO partners to learn the approach and adapt it to the DRC															
	Develop or adapt materials for Champion Communities in the DRC															
<b>Roll-out Champion Community model</b>	As part of the RFA process, identify community-based organizations and NGOs that are capable of implementing the model	Community Mobilization Specialist, Regional Prevention Specialists														
	Select 1-2 NGOs able to implement Champion Communities in their region															
	Together with PNLS, PNMLS, and the community partners, select geographic or population-based (MARPs groups) groups to benefit from Champion Communities															
	Train selected partners in champion communities model and help them develop a detailed work plan for the pilot															
	Negotiate any additional grant funds needed for implementation of CC															
<b>Support implementation of Champion Communities</b>	Support selection of Peer educators in selected communities	Community Mobilization Specialist, Regional Prevention Specialists														
	Support development of community M&E Plans															
	Organize trimestrial reviews with CC partners															
	Provide necessary support and materials to Peer educators for training and education activities related to Champion Communities															
	Ensure use of gender tools and strategies															
	Liaise with PSI and C-Change to assure coordination of BCC activities															

**PIR 1: HCT and prevention services expanded and improved in target areas**

**Sub-IR 1.2: Community-based and facility-based HCT services enhanced**

Activity	Tasks	Point Person	Q1			Q2			Q3			Q4			Resources	Milestones
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep		
Continue funding for HCT services to existing partners	Meet with FHI to plan handover of programming	Dr. Mindongo, PATH Grants Specialist													Grants	Funding for existing services continued
	Work with FHI and partners to work out budgets and SOW for grantees															
	Roll-out emergency/bridge funding															
	Supervise grantees in implementation															
Conduct needs assessment and determine status of potential HCT partners in the four regions	Conduct needs assessment in all four regions, visiting public, community, and mobile HCT sites that can be potential partners	Dr. Mindongo, Regional Teams														Needs assessment completed
Select new HCT partners	Analyse data from the site visits and develop list of public sector sites which will be pre-selected for support from PROVIC	Dr. Mindongo														Grantees selected; HCT Sites finalized
	Participate in development and evaluation of integrated RFA to select NGO and community-based partners	Dr. Mindongo and Regional														
	Finalize list of HCT sites based on above analysis, targets, and budgetary resources	Dr. Mindongo Georges Ntumba														
	Issue grants to the selected NGO and community-based HCT partners	Grants Managers														
Ensure grantees have funds and supplies necessary for implementation	Develop a list of basic commodities necessary to support selected HCT sites	Dr. Mindongo; Regional Coordinators; Commodities consultant													Grants; Procurement; Expat and local STTA	Quantification of commodities completed and suppliers identified; HCT Basic commodities procured and distribution mechanism operational
	Meet with MSH/SPS, PNLS, Global Fund and other partners to determine how to best collaborate for commodities procurement	Dr. Mindongo, Mbella Ngongi														
	Through partnerships or through direct procurement, ensure HCT sites have basic commodities to carry out their activities	Dr. Mindongo														
	Provide training and capacity building for grantees in stock management	Dr. Mindongo, Commodities Consultant														
Develop Capacity building plan for HCT sites	Conduct additional needs assessment of any new HCT partners	Dr. Mindongo, Dr. Zambite													Expat STTA	Capacity building plan for HCT Completed
	Combine findings of first needs assessment and that of new partners															
	Develop capacity building plan for HCT partners															
	Using consultants and other local partners, integrate gender and family planning training into the capacity building plan															
	Coordinate with PNLS and PNMLS on the finalization of the capacity building plan															
Create links and synergies between TB testing and treatment and HIV testing	As part of the site selection process, identify TB testing and treatment (CSDT) in each of our intervention areas and evaluate if HCT services can be added to the site, if they are not offered already	Dr. Mindongo														TB Services integrated with HCT
	Part of the capacity building plan will include support to sites already integrated through technical assistance and by helping them mobilize those in the community with tuberculosis to also get HIV testing															

**PIR 1: HCT and prevention services expanded and improved in target areas**
**Sub-IR 1.3: PMTCT services improved**

Activity	Tasks	Point Person	Q1			Q2			Q3			Q4			Resources	Milestones
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep		
<b>Strengthen the capacity of government to provide PMTCT services.</b>	Participate in national-level working groups and dialogues to build the capacity of central and provincial PNMLS and PNLS to develop and disseminate PMTCT norms and guidelines	John Ditekemena													Expat STTA	Needs assessment produced and disseminated.
	Conduct rapid field needs assessment to determine whether an OR or baseline study is needed for PMTCT in DRC.															
	Assess the state of PMTCT in DRC vs. international best practices.															
<b>Increase promotion and uptake of pediatric counseling and testing and referrals for antiretroviral therapy (ART) where services exist.</b>	Conduct mapping exercise to locate existing services for pediatric ART.	John Ditekemena, Mitterrand Katabuka													Training	Map of existing services in target zones developed; Trainings for maternities and MCH providers using PICT serics conducted.
	Train providers and integrate Provider Initiated Counseling and Testing (PICT) into maternities and Maternal Child Health (MCH) centers.															
	Advocate at national-level for increased resources and appropriate guidelines for early infant diagnosis (EID).															
<b>Provide technical assistance and capacity building in PMTCT to AXxes and non AXxes sites which are located in the geographic areas targeted by PROVIC</b>	Conduct a rapid diagnosis of Axxes and non Axxes supported PMTCT centers in geographic focus areas of Integrated HIV Project.	John Ditekemena													Expat STTA	EGPAF model rolled out to new sites; Capacity-building plans developed.
	Develop capacity-building plans for AXxes and non Axxes sites in geographic focus areas of Integrated HIV Project.															
	Implement plans in Axxes and non Axxes health zones through a cascade training approach (i.e., TOT to PNLS and the AXxes teams, who will then train services providers)															
<b>Increase uptake of comprehensive PMTCT services and referral of pregnant women eligible for ART services</b>	Incorporate findings from ongoing ESP/UNC study into PMTCT strategy.	John Ditekemena														PMTCT activities integrated into Champion Community model; TOTs for providers of rapid testing conducted
	Introduce counseling and rapid testing at labor and delivery for women of unknown sero-status and those who may have sero-converted during pregnancy.															

**PIR 2: Care, support and treatment for PLWHA and OVC improved in target areas**

**Sub-IR 2.1: Palliative care strengthened**

Activity	Tasks	Point Person	Q1			Q2			Q3			Q4			Resources	Milestones
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep		
<b>Provide bridge funding to support former CRS partners from AMITIE</b>	Negotiate and issue bridge grants for former AMITIE grantees	Dr. Rakotova-zaha, Dr Shabani, Grants Manager, Regional Grants Managers													Grants	Grants issued to all former CRS partners; grants completed with targets achieved; evaluation of grantees complete
	Establish targets and expected results for each grantee															
	Ensure grantees have the necessary commodities for their care and support package															
	Provide follow up monitoring and evaluation of grantees															
	Evaluate the technical outputs and management capacities of grantees to determine next steps															
<b>Conduct needs assessment and design new palliative care package</b>	Evaluate past efforts in palliative care support, to determine strengths, weaknesses, and revisions	Dr. Rakotova-zaha, Dr Shabani, Regional Care and Support Specialists													Expat STTA	New palliative care package designed
	Design new package and consult with stakeholders such as MINAS,PNLS and PNMLS															
	Ensure new package conforms to national norms established by PNLS															
	Develop tools to monitor compliance with norms and guidelines															
<b>Select partners who will implement palliative care activities</b>	Using data from the site analysis and needs assessment, and in coordination with the HCT Specialist and PMTCT Specialist, select sites which will be supported in provision of facility-based care for PLHIV	Dr. Rakotova-zaha, Dr Shabani, Grants Manager, Regional Grants Managers, Regional Care and Support Specialists													Grants	Palliative care support sites selected
	Contribute to the design of the Integrated RFA															
	Participate in the evaluation of grantees and their training in correct proposal preparation															
	Select NGOs to implement the care and support package for PLHIV															
	Working with the selected NGOs, identify the appropriate community structures to work with															
<b>Brief community groups and partners on the new community-based care and support strategy</b>	Through the grantees, organize workshops at the community level, with identified groups such as Champion communities, CRS' community care coalitions, groupe de support, and family structures on the new palliative care strategy	Dr. Rakotova-zaha, Dr Shabani, Regional Care and Support Specialists, Dr. Zambite													Training	Community groups and NGOs trained in palliative care package
<b>Expand and improve facility-based services in palliative care</b>	Establish the status of facility based palliative care in the targeted health zones	Dr. Rakotova-zaha, Dr Shabani, Regional Care and Support Specialists, Dr. Zambite													Expat STTA and Training	Capacity building plan developed for facility-based services
	Development of capacity building plan and organization of trainings															
	Develop training of trainers approach to build capacity in health facilities															
	Support the zones de sante in establishing support mechanisms for service providers															
	Work with other partners to fill in identified gaps where possible															



**PIR 2: Care and support for PLWHA and OVC improved in target areas**
**Sub-IR 2.2: Care and support for OVC strengthened**

Activity	Tasks	Point Person	Q1			Q2			Q3			Q4			Resources	Milestones
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep		
<b>Provide bridge funding to support former CRS partners from AMITIE</b>	Negotiate and issue bridge grants for former AMITIE OVC grantees	Dr. Rakotova-zaha, Dr Shabani, Grants Manager, Regional Grants Managers													Grants, Expat STTA	Grants issued to all former CRS partners; agreement on targets and expected results; plan for monitoring and evaluation available; performance tracking for grantees exists
	Establish targets and expected results for each grantee															
	Provide follow up monitoring and evaluation of grantees															
	Evaluate the technical outputs and management capacities of grantees to determine next steps															
<b>Develop a need-based comprehensive standard OVC package</b>	Evaluate the existing package provided by CRS	Dr. Rakotovazaha													Local STTA	New comprehensive OVC package developed
	Review national norms for OVC based on the new strategy (cfr norms and directives on psycho social care and support)															
	Adapt a new standard OVC package based on evidence of most effective OVC interventions															
<b>Develop grants program for implementation of new OVC package</b>	Using data from the site analysis and needs assessment, select sites which will support OVCs	Dr. Rakotova-zaha, Dr Shabani, Grants Manager, Regional Grants Managers, Regional Care and Support Specialists													Grants	Palliative care support sites selected; grantees implementing OVC package
	Contribute to the design of the Integrated RFA															
	Evaluation of proposals from the integrated RFA and selection of NGO grantees to implement support of OVCs															
	Determine SOW for implementation of the package, including how implementers will link to partners providing food support, IGAs, vocational training, and protection services.															
<b>Link grant recipients to Champion Communities and Community Care Coalitions</b>	Work with grant recipients to link their services to Champion communities and Community Care Coalitions who have requested OVC support	Dr. Rakotova-zaha, Dr. Shabani, Regional Care and Support Specialists													Training	Champion Communities and CCCs working with OVC program grantees
	Train peer educators in Champion communities and CCCs on OVC service components and package															
<b>Roll out Child Status Index and Well-Being Tool</b>	As part of the project M&E system, introduce the Child Status Index and Well-Being Tool to grantees and partners so they can gather effective data	Dr. Rakotova-zaha, Dr. Shabani, M&E Specialist														M&E tools introduced at grantee level

### PIR 3: Strengthening of health systems supported

#### Sub-IR 3.1: Capacity of provincial government health systems supported

Activity	Tasks	Point Person	Q1			Q2			Q3			Q4			Resources	Milestones
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep		
Identify existing gaps in capacity of provincial governments	Meet with provincial governments to explain project objectives and obtain existing information from previous studies or assessments	Dr. Zambite, Regional Coordinators														Needs Assessment completed
	Develop methodology for assessment															
	Conduct a rapid assessment of gaps in planning, management, and budgeting skills															
	Analyze results of assessment															
Develop a capacity building plan for provincial governments	Meet with existing USAID and other donor-funded projects that are providing technical assistance in health system strengthening to find out what they are doing	Dr. Zambite													Expat/TCN STTA	Capacity building plan developed and approved by stakeholders
	Analyze results of assessment and information obtained from partners to determine what our project priorities for capacity building activities should be															
	Develop the draft capacity building plan															
	Provide draft to government and partner stakeholders to get feedback and approval															
	Finalize capacity building plan															
Support MINAS in improving its coordination skills and national and provincial levels	Perform a situation analysis of the status of coordination between partners	Dr. Zambite													STTA, training	Plan developed for improving MINAS capacity in coordination
	Come up with a plan for improving MINAS capacity to coordinate partners and network with donors and other government agencies															
	Assist MINAS to develop and implement evidence-based policies and guidelines															
	Disseminate and train provincial governments on how to implement policies and guidelines developed at the national level															
Conduct integrated training of provincial PNLS and PNMLS	Conduct a training needs assessment for PNLS and PNMLS staff	Dr. Zambite													Expat/TCN STTA	Integrated training delivered for PNLS staff
	Create training program and identify trainers															
	Consolidate existing training materials into one integrated curriculum															
	Organize a Training of Trainers for provincial staff															

PIR 3: Strengthening of health systems supported																
Sub-IR 3.2: Capacity of NGO providers improved																
Activity	Tasks	Point Person	Q1			Q2			Q3			Q4			Resources	Milestones
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep		
Build capacity of NGOs providers in grants management and reporting requirements	Evaluate beneficiaries of bridge grants to determine their capacity building needs	Dr. Zambite, Grants Managers													Training	NGO partners trained in grants management and reporting requirements
	Assess the capacity of new grantees in grants management and reporting															
	Develop trainings to help grantees improve their management capacities															
	Conduct training with NGO partners															
	Provide ongoing support to build the capacity of grantees in both technical implementation and financial/administrative management															

PIR 3: Strengthening of health systems supported																
Sub-IR 3.3: Strategic information systems at community and facility levels strengthened																
Activity	Tasks	Point Person	Q1			Q2			Q3			Q4			Resources	Milestones
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep		
Make available data collection tools to NGO partners	Identify M&E counterparts/focal points for collaborating partners and structures	Dr. Zambite, Denise Ndagano													Expat STTA	Harmonized data collection tools developed
	Identify the reporting and feedback system between different partners															
	Review PNMLS M&E tools and indicators and make sure that they are integrated into project and project partners reporting systems															
	Harmonize data collection tools and develop roles and responsibilities for M&E among partners															
Strengthen QA systems	Develop tools to assess local service providers against existing national norms	Dr. Zambite, Denise Ndagano, John Ditekemena													Local and Expat STTA	Data quality improvement strategies identified
	Train facilities in self-evaluation process to identify gaps and the development of an action plan															
	Identify and communicate weaknesses or issues with data collection and data quality at local levels															
Support M&E reporting systems	Participate in the national M&E task force	Dr. Zambite, Denise Ndagano													Local STTA	Trainings conducted at national and provincial levels in national M&E
	Disseminate and provide support through supervision training on national M&E framework to local actors															
	Support the flow of M&E data and analysis to and from local to national level															



# ANNEX B SHORT TERM TECHNICAL ASSISTANCE

## Component One: HCT and Prevention

Title	SOW	Number of Consultants per trip	Approximate Timing	LOE
<b>Champion Communities Specialist</b>	Train staff and partners in the CC approach and support implementation	1	April/May	1 month
<b>HCT Specialist</b>	Evaluate existing HCT services and make recommendations	1	June/July	3 weeks
<b>Logistics and Procurement Specialist</b>	Determine HCT commodities needed for implementation and develop logistics and procurement plan Back-stopping support on acquiring commodities and distribution system	1	April/May	1 month
<b>PMTCT Specialist</b>	Conduct assessment of the national policies and actual availability of PMTCT services in DRC as compared to international best practices in PMTCT; make recommendations for capacity building	1	April	3 weeks
<b>Care and Treatment Linkages Specialist for PMTCT</b>	Share experiences from the EGPAF Global Technical Policy Team Continuum of Care TWG and their multi-country survey of care and treatment linkages. Make recommendations for DRC	1	August/September	3 weeks

### Component Two: Care and Support

<b>Title</b>	<b>SOW</b>	<b>Number of Consultants per trip</b>	<b>Approximate Timing</b>	<b>LOE</b>
<b>Care and Support Specialist</b>	Evaluate care and support for PLHIV package and make recommendations	1	January/February	2 weeks
<b>Palliative Care specialist</b>	Evaluate facility-based palliative care and make recommendations for training plan	1	May/June	1 month
<b>Palliative Care specialist</b>	Follow up on recommended training plan, support its roll out	1	July/August	3 weeks
<b>Community engagement specialist</b>	Use IHAA models to improve links between facilities and communities; second trip for follow up	1	May	3 weeks
<b>OVC services specialist</b>	Evaluate the OVC package and make recommendations	1	January/February	2 weeks
<b>Logistics and Procurement Specialist</b>	Determine commodities needed for the PLHIV and OVC packages and develop logistics and procurement plan. Back-stopping support on acquiring commodities and distribution system (same assignment as above with additional LOE - planning a combination of local STTA and one international consultant)	1	April/May	3 weeks

### Component Three: Health Systems Strengthening

<b>Title</b>	<b>SOW</b>	<b>Number of Consultants per trip</b>	<b>Approximate Timing</b>	<b>LOE</b>
<b>Systems strengthening/capacity building specialist</b>	Develop capacity building plan for provincial government staff based on findings of the assessment	1	June/July	3 weeks
<b>Training/systems strengthening specialist</b>	Support the training of PNLS and PNMLS staff in integrated HIV/AIDS services	1	July/August	One month

### Other/General Management STTA and Home Office Support

Title	SOW	Number of Consultants per trip	Approximate Timing	LOE
<b>PATH General Management backstopping</b>	Project supervision and oversight	1	1 - March 3 - August/September	1: 2 weeks 2: 2-3 weeks
<b>Chemonics project management unit</b>	1-Start-up and work planning 2-Project supervision, technical support, updating of work plan 3 - Work planning for year 2	2	1- October 2- February/March 3- September	1-1 month 2- 2 weeks 3- 2 weeks
<b>Chemonics Start-up specialists</b>	Administrative project start-up and recruiting of personnel	4	October/November	13 weeks
<b>Chemonics project manager</b>	Support to project management and administrative systems; budget monitoring	1	April; September	5 weeks
<b>PATH Grants Backstopping</b>	Support to Grants program: 1) Training of bridge grantees 2) RFA development 3) Grants managers trained & review of 1 <sup>st</sup> round of grantees		1-December 2-February 3- April/May	1-2 weeks 2-2 weeks 3-3 weeks
<b>PATH M&amp;E backstopping</b>	M&E Support to the project including setting up data collection systems and ensuring quality data collection and reporting for PEPFAR and the project PMEP	1 or 2	1-November 2-May/June 3-Sept/Oct	1-2 weeks 2-one month 2-2 weeks
<b>Chemonics field accountant</b>	Set up project accounting systems and train staff in all four offices	1	March	1 week
<b>Gender Specialist</b>	Define specific gender vulnerabilities and develop plan for integrating gender into all project components; follow up support and training	1	May	3 weeks
<b>Family Planning</b>	Work with project to design family planning strategy to	1	May/June	3 weeks

<b>Specialist</b>	integrate in all components			
<b>PATH Country</b>	Orientation in PATH systems	1	June	3
<b>Representative</b>	Performance leader training (trip to the United States)			weeks

## ANNEX C PARTNERSHIP MATRIX

Partenaires	Localisation	Interventions	Domaine de collaboration
<b>PNMLS</b>	Tout le pays(DRC)	Structure de coordination de lutte contre le VIH/SIDA	Elaboration des normes& politiques, guidelines, renforcement de capacité
<b>PNLS</b>	Tout le pays(DRC)	Volet sanitaire de lutte contre le VIH/SIDA	Elaboration des normes& politiques, guidelines, renforcement de capacité
<b>MOPH</b>	Tout le pays (DRC)	Coordination de tous les interventions de santé	Elaboration des normes& politiques, guidelines, renforcement de capacité
<b>MINAS Ministère des affaires sociales</b>	Kinshasa et les provinces	- Services sociaux offert à la population.	- Mise en œuvre des activités définis dans le plan d'action du OEV - Détermination des groupes à haut risque Définition du paquet OEV
<b>PSI/ASF</b>	Tout le pays (DRC)	-Marketing social -Développement de communication de changement de comportement -Marketing des produits de santé	Collaboration dans l'identification, le développement, et la déroulement des messages de CCC dans les communautés ciblées
<b>C-Change</b>	Katanga Sud Kivu Deux Kasai	- appui la communication pour le changement de comportement - la mobilisation sociale et le plaidoyer. - Travaile avec les partenaires pour soutenir le planning familial, l'implémentation des activités de CCC. - relever le taux d'utilisation des services	Communication pour le changement du comportement  Mobilisation sociale  Formation/ TOT

		<ul style="list-style-type: none"> <li>- dispose d'une étude de base pour évaluer la capacité des partenaires,</li> <li>-une étude sur la partie prenante.</li> </ul>	
<b>AXxes/USAID</b>	Sud Kivu Katanga Deux Kasais	CDV, approvisionnement en médicaments et autres commodités	PTME Renforcement de capacité
<b>MSH /USAID</b>	Katanga (Lubumbashi) Sud KIVU(Bukavu)	<ul style="list-style-type: none"> <li>- le renforcement du secteur pharmaceutique</li> <li>- l'appui au volet pharmaceutique du PLNS</li> <li>- préparation d'un protocole de distribution des ARV pour le fonds mondial (SANRU, CORDAID)</li> <li>- l'établissement des documents normatifs.</li> <li>- l'amélioration du système de rapportage/provinces</li> </ul>	<ul style="list-style-type: none"> <li>- Durabilité du recyclage des médicaments</li> <li>- Etablissement des documents de politique pharmaceutique.</li> </ul>
<b>AMO CONGO (NGOs)</b>	Matadi, Kinshasa, Lubumbashi ,Bukavu	Prise en charge des PVV, Soutien, soins, traitement, CDV .	Soins, soutien, traitement, CDV.
<b>Femme plus(NGOS)</b>	Matadi, Kinshasa, Bukavu	Prise en charge des PVV, Soutien, soins, traitement, CDV	Soins, soutien, traitement, CDV
<b>Clinton fondation</b>	Tout le pays(DRC)	Prise en charge pédiatrique du VIH	Prise en charge pédiatrique
<b>Global Fund</b>	Tout le pays(DRC)	Approvisionnement des Zones de santé en ARV	
<b>UNAIDS</b>	Tous le pays (DRC)	Appui technique dans le VIH/SIDA	Coordination avec les autres bailleurs
<b>UNC (University of North Carolina)</b>	Kinshasa, Bas Congo, Kasai occidental, oriental, Bandundu	PTME, prise en charge pédiatrique, soins et soutien, recherche opérationnelle	PTME

<b>UCOP+ ( Union Congolaise des Organisations des Personnes Vivant avec le VIH</b>	Tout le pays(DRC)	Soutien	Soutien
<b>Ecole de santé publique de Kinshasa</b>	Kinshasa	Recherche, PTME	Protocole de recherche, enquête
<b>Partenaires</b>	<b>Localisation</b>	<b>Interventions</b>	<b>Domaine de collaboration</b>
<b>PNMLS</b>	Tout le pays(DRC)	Structure de coordination de lutte contre le VIH/SIDA	Elaboration des normes& politiques, guidelines, renforcement de capacité
<b>PNLS</b>	Tout le pays(DRC)	Volet sanitaire de lutte contre le VIH/SIDA	Elaboration des normes& politiques, guidelines, renforcement de capacité
<b>MOPH</b>	Tout le pays (DRC)	Coordination de tous les interventions de santé	Elaboration des normes& politiques, guidelines, renforcement de capacité
<b>MINAS Ministère des affaires sociales</b>	Kinshasa et les provinces	- Services sociaux offert à la population.	- Mise en œuvre des activités définies dans le plan d'action du OEV - Détermination des groupes à haut risque Définition du paquet OEV
<b>PSI/ASF</b>	Tout le pays (DRC)	-Marketing social -Développement de communication de changement de comportement -Marketing des produits de santé	Collaboration dans l'identification, le développement, et la déroulement des messages de CCC dans les communautés ciblées
<b>C-Change</b>	Katanga Sud Kivu Deux Kasaï	- appui la communication pour le changement de comportement	Communication pour le changement du comportement

		<ul style="list-style-type: none"> <li>- la mobilisation sociale et le plaidoyer.</li> <li>- Travailler avec les partenaires pour soutenir le planning familial, l'implémentation des activités de CCC.</li> <li>- relever le taux d'utilisation des services</li> <li>- dispose d'une étude de base pour évaluer la capacité des partenaires,</li> <li>- une étude sur la partie prenante.</li> </ul>	<p>Mobilisation sociale</p> <p>Formation/ TOT</p>
<b>AXxes/USAID</b>	Sud Kivu Katanga Deux Kasais	CDV, approvisionnement en médicaments et autres commodités	PTME Renforcement de capacité
<b>MSH /USAID</b>	Katanga (Lubumbashi) Sud KIVU(Bukavu)	<ul style="list-style-type: none"> <li>- le renforcement du secteur pharmaceutique</li> <li>- l'appui au volet pharmaceutique du PLNS</li> <li>- préparation d'un protocole de distribution des ARV pour le fonds mondial (SANRU, CORDAID)</li> <li>- l'établissement des documents normatifs.</li> <li>- l'amélioration du système de rapportage/provinces</li> </ul>	<ul style="list-style-type: none"> <li>- Durabilité du recyclage des médicaments</li> <li>- Etablissement des documents de politique pharmaceutique.</li> </ul>
<b>Health Systems 20/20.</b>		Etude sur les dépenses liées au VIH/ les directs.	Protocole de recherche/enquête Renforcement de capacité
<b>AMO CONGO ( NGOs)</b>	Matadi, Kinshasa, Lubumbashi, Bukavu	Prise en charge des PVV, Soutien, soins, traitement, CDV .	Soins, soutien, traitement, CDV.

<b>Femme plus( NGOS)</b>	Matadi, Kinshasa, Bukavu	Prise en charge des PVV, Soutien, soins, traitement, CDV	Soins, soutien, traitement, CDV
<b>Clinton fondation</b>	Tout le pays(DRC)	Prise en charge pédiatrique du VIH	Prise en charge pédiatrique
<b>Global Fund</b>	Tout le pays(DRC)	Approvisionnement des Zones de santé en ARV	
<b>UNAIDS</b>	Tous le pays (DRC)	Appui technique dans le VIH/SIDA	Coordination avec les autres bailleurs
<b>UNC ( University of North Carolina)</b>	Kinshasa, Bas Congo, Kasai occidental, oriental, Bandundu	PTME, prise en charge pédiatrique	PTME
<b>UCOP+ ( Union Congolaise des Organisations des Personnes Vivant avec le VIH</b>	Tout le pays(DRC)	Soutien	Soutien
<b>Ecole de santé publique de Kinshasa</b>	Kinshasa	Recherche, PTME	Protocole de recherche, enquête